



PETITION FOR EXTENSION OF TIME UNDER 37 CFR 1.136(a)	Docket Number (Optional)
	42390P11393

In re Application of Aniruddha P. Joshi, et al.	
Application Number 09/887,925	Filed 6/22/2001
For Method and Apparatus to Select Configuration Addresses for the Peripherals in a Computer System	
Group Art Unit 2112	Examiner Vu, Trisha U.

This is a request under the provisions of 37 CFR 1.136(a) to extend the period for filing a Request for Continued Examination (RCE) in the above identified application.

The requested extension and appropriate non-small-entity fee are as follows
(check time period desired):

- | | |
|---|----------|
| <input checked="" type="checkbox"/> One Month (37 CFR 1.17(a)(1)) | \$120.00 |
| <input type="checkbox"/> Two Months (37 CFR 1.17(a)(2)) | \$ |
| <input type="checkbox"/> Three Months (37 CFR 1.17(a)(3)) | \$ |
| <input type="checkbox"/> Four Months (37 CFR 1.17(a)(4)) | \$ |
| <input type="checkbox"/> Five Months (37 CFR 1.17(a)(5)) | \$ |
- ☐ Applicant claims small entity status. See 37 CFR 1.27. Therefore, the fee amount shown above is reduced by one-half, and the resulting fee is \$60.00.
- ☒ A check in the amount of the fee is enclosed.
- ☐ Payment by credit card. Form PTO-2038 is attached.
- ☒ The Director has already been authorized to charge fees in this application to a Deposit Account.
- ☒ The Director is hereby authorized to charge any fees which may be required, or credit any overpayment to Deposit Account Number 02-2666. I have enclosed a duplicate copy of the Fee Transmittal.

I am the ☐ applicant/inventor.

☐ assignee of record of the entire interest. See 37 CFR 3.71.

Statement under 37 CFR 3.73(b) is enclosed. (Form PTO/SB/96)

☒ attorney or agent of record.

☐ attorney or agent acting under 37 CFR 1.34(a).

Registration number if acting under 37 CFR 1.34(a). 25,129.

WARNING: Information on this form may become public. Credit card information should not be included on this form. Provide credit card information and authorization on PTO-2039.

12/16/04
Date

Edwin H. Taylor
Signature

(408) 720-8300

Edwin H. Taylor

Telephone Number

Typed or printed name

NOTE: Signatures of all the inventors or assignees of record of the entire interest or their representative(s) are required. Submit multiple forms if more than one signature is required, see below.

☐ Total of _____ forms are submitted.

Based on PTO/SB/22 (08-03) as modified by Blakely, Solokoff, Taylor & Zafman (wtr) 08/11/2003.
SEND TO: Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450

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